



TOWN OF SNEADS
 2028 Third Avenue
 PO Drawer 159
 Sneads, Florida 32460
 PH (850)593-6636 Fax (850)593-5079
www.sneadsfl.com
 Facebook: Town of Sneads- City Hall

Commercial Application for Service

NAME AND MAILING ADDRESS

Business Name _____
 D.B.A. Name _____
 Type of Business _____
 Location Address _____
 Mailing Address _____
 Federal ID Number _____
 Business Phone # _____
 Email Address _____
 Nature of the Business (List ALL activities, types of sales and services provided) _____

Date Opened Business _____
 Applicants Name _____
 Applicants Drivers Lic. # _____
 State Business License # _____
 (if required)
 City SNEADS State FL Zip 32460
 City _____ State _____ Zip _____
 Soc. Sec. Number _____
 Secondary Phone # _____
 Fax Number _____

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Utilities Service that the Federal laws prohibiting discrimination against participant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants on the basis of visual observation or surname.”

Please circle all that apply: GENDER: Male or Female

ETHNICITY: Hispanic/ Latino or Not Hispanic/ Latino

RACE: (Circle one or More)

- American Indian/ Alaska Native
- Asian
- Black or African American
- Native Hawaiian/ Other Pacific Islander
- White

“THIS GOVERNMENT OFFICE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”

SIGNATURE

& TITLE: _____ **DATE:** _____

FOR OFFICE USE ONLY

ACCOUNT# _____

DATE OPENED: _____

RECEIPT# _____

DEPOSIT AMOUNT \$ _____

DATE CLOSED: _____

Ck# _____ TO TOWN FOR \$ _____

BILLS OWED: \$ _____

Ck# _____ REFUND FOR \$ _____

(-) DEPOSIT: \$ _____

BALANCE: \$\$\$ _____

REFUND OR BAD DEBT _____